

**Instructions for MH Financial Planning and Implementation Report Form 117A**

Please use this form to report your planned expenditures for mental health services as allocated on your Notice of Available Regional Funding (NARF) and as described in your Plan and Budget application documents.

Also, use this form to report, quarterly, your region's actual expenditures by each funding category and by each service category. This should include the full contracted amounts, including any contract modifications applicable to the quarter for which you are reporting actual expenditures. Please enter the amount for the 1<sup>st</sup> quarter and cumulatively each subsequent quarter.

Please identify the specific mental health services that you plan to fund for the coming state fiscal year (SFY) and those that are actually spent during the applicable quarter/year-to-date. You have the flexibility to move funds between services during the fiscal year within the restricted categories, provided you keep the total funds within a funding category as indicated on the Mental Health Notice of Available Regional Funding-NARF (for planning) or as contracted/modified contract, for reporting of actual expenditures. For example, you may **not** use restricted SED funds for SMI programs or vice versa, but you may realign funding within each restricted broad category. You may **not** move MHBG *Set Aside for Early interventions for First Episode Psychosis (iHOPE)*, *PATH funds*, *High Fidelity Wraparound funds*, *other federal grant funds* elsewhere.

**Column A:** Identified services for which funds are to be used are listed within broad categories. For example, the first broad category listed on the form is Emergency Services. Some categories are all inclusive and can be completed using just one line, such as Outpatient Crisis Services, Early Childhood Mental Health, etc. Please refer to the section of the contract that outlines what services are allowable for expenditure of DBHDID funds.

***For example, please see that under Emergency Services, "Outpatient Crisis Services" funds, per Section 2.01 of the CMHC Contract, allow for dollars to be used for a variety of services including telephonic services, community response activities, and safety planning, etc.***

If a category does not pertain to your region, please leave it blank or enter zero.

**Column B:** Complete this column with your proposed expenditures of Community Mental Health Services (CMHS) Block Grant only. Please note the total for this column should not exceed the amount indicated as CMHS Block Grant Funds on your CMHC Contract's Attachment B.

***Please Note that 100% of Adult Mental Health Block Grant funds must be used for serving Adults with SMI in the following Evidence-Based Practices, and as outlined in each CMHC DIVERTS approved plan for services: Assertive Community Treatment, Supported Employment, Supportive Housing, and Peer Support. Funds reported on Form 117 should correspond with the reporting of expenditures on the Forms 172, 173, and 174.***

Funds expended in this Column should be limited to Adults with SMI and Children with SED. The required MHBG Set Aside for Early Interventions for First Episode Psychosis (iHOPE) should be reported in this column as well.

You may use funds from this 10% set-aside for individuals who have not yet been diagnosed, but who are exhibiting signs of Early Psychosis- even if psychosis is later ruled out.

**DIVERTS Spending Plan (Form 117 MH Financial Planning & Implementation Report)-1)** The total DIVERTS funding amounts that are listed on your CMHC Contract's Attachment B should be identified in Column D (RESTRICTED MH Funds-State and Agency). 2) Identify MH Block Grant funds allocated for ACT, Peer Support, Supportive Housing and Supported Employment under DIVERTS in Column B (CMHS Federal MH Block Grant Funds).

### **DIVERTS Expenditure Reporting-As submitted on Form 117 Quarterly**

1) Identify DIVERTS (state general funding) expenses in Column D for the appropriate quarter. 2) Identify MHBG (federal funds) expenses in Column B for the appropriate quarter. **Note: DIVERTS funding and MHBG funding is considered "expense reimbursed" meaning that you will need to reconcile expenses at the end**

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*of the fiscal year and repay funds not expended according to your approved line item budget. You will continue to receive one-twelfth payments throughout the year as long as you are in compliance with terms outlined in your current CMHC contract.*

**Totals reported on Form 117 should match expenditures reported on DIVERTS Forms 172, 173, 174 – Also submitted quarterly.**

When reporting outcomes on forms for each Evidence Based Practice, please note the following guidelines: Individuals served as part of the Second Amended Settlement Agreement (SASA) are defined as the following: Adults with SMI who are transitioning from personal care homes or at risk of being readmitted to a personal care home. DIVERTS individuals are defined as adults with SMI who are transitioning from hospitals/other institutions not PCHs or at risk of being readmitted to a hospital/other institution not PCHs, or persons at risk of first admission to a PCH/hospital/other institution.

**DIVERTS Form 173 Peer Support – Also submitted quarterly**

When reporting outcomes on Form 173 for Peer Support, please see the following guidelines:

Individuals served or working in Consumer Operated Services Programs (COSP) should only be reported by regions who received Mental Health Block Grant funding from DBHDID to develop consumer run programs as described in the SAMHSA Consumer Operated Services Toolkit (Please talk about other consumer run programming in Form 115, but Form 173 is gathering outcomes on DBH funded COSP only);

In addition, ***individuals working as peers on ACT teams should not be listed on the Peer Support Form 173 because they are to be captured on the ACT Form 172. Individuals who receive peer support through Assertive Community Treatment teams should not be reported on Form 173 for Peer Support. (They are captured on the ACT form 172).***

***Please see the Adult MH Services Objectives and Instructions for further information.***

**Totals reported on Form 117 should match expenditures reported on Forms 113D for Emergency Services, Form 200 for TAYLRD (Regions 1, 5, 6, 10 & 12 only), etc.**

**Column C:** Complete this column for all Mental Health federal funds **other** than CMHS Block Grant funds. Please note that the total for this column should not exceed the amount of federal funding listed on your NARF (for planning) or as contracted/modified contract, Attachment B (for reporting actual expenditures). Examples to be reported in this column include: PATH (Regions 4, 6, 7, 10, 12, 13 & 15), TAYLRD (Regions 1, 5, 6, 10 and 12 only). Federal funds that are awarded to the CMHC directly (and not through DBHDID) are not to be reported here.

**Column D:** Complete this column for all state general and agency Mental Health funds.

***Note: The total for this column should not exceed the amount of general and agency funding listed on your NARF (for planning) or as contracted/modified contract Attachment B (for reporting actual expenditures).***

***Note: This should not include state general or agency funds that you may receive from Departments/external sources other than DBHDID.***

**Column E:** Complete this column for all Mental Health Unrestricted funds which are identified on your NARF (for planning) or as contracted/modified contract Attachment B (for reporting actual expenditures).

**Column F:** This column is the total of columns B, C, D and E.

For additional questions, please contact Michele Blevins at [Michele.Blevins@ky.gov](mailto:Michele.Blevins@ky.gov) or 502-782-6150.